BLS Certification Test Committee OEMS Annex-Richmond, Virginia October 15, 2008 10:30 am

Members Present: Members Absent: Staff: Others:

Debbie Akers
Teresa Ashcraft
Kathy Eubank
PJ Fleenor
Diane Hutchison
Mel Losick
Tom Olander

Jeffrey Reynolds-Chair-Excused Warren Short Steve Wade-Excused Greg Neiman Dreama Chandler

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
I. Welcome	The meeting was called to order at 10:35am	
II. Approval of Agenda	The Committee reviewed the Agenda (Attached)	Approved by General Consent
III. Introductions	Introductions were not necessary	
IV. Approval of Minutes from the Previous meeting	The Committee reviewed the minutes from the August 20, 2008 meeting (ATTACHMENT: A)	Approved with changes by General Consent.
V. Review/Edit/Finalize Practical Exam Manual	The Committee finalized the Practical Exam Manual (ATTACHMENT: B)	Motion by Mel Losick Second by Diane Hutchison To accept the Manual with revisions. Vote: Unanimously Approved
VI. Discuss Evaluator Teaching Points	The Committee discussed the Evaluator Teaching Points	Motion by Mel Losick Seconded by Diane Hutchison To accept the Manual with further revisions Vote: Unanimously Approved
VII. Set next meeting date	Discuss Scenarios – deferred to OEMS	
VIII. Adjourn	The meeting adjourned at 3:17 p.m.	

BLS Certification Test Committee October 15, 2008, 10:30 am Location: OEMS Technology Park Office - Richmond Agenda

- I. Welcome
- II. Approval of Agenda
- III. Introductions
- IV. Approval of Minutes from 8/20/08
- V. Finalize Practical Exam Manual/Checksheets
- VI. Discuss Evaluator Teaching Points
- VII. Discuss Scenarios
- VIII. Adjourn

ATTACHMENT: A to the October 15, 2008 Minutes of the BLS Certification Test Committee

Approved August 20, 2008 Minutes of the BLS Certification Test Committee

BLS Certification Test Committee OEMS Annex-Richmond, Virginia August 20, 2008 10:30 am

Members Present: Members Absent: Staff: Others:

Debbie Akers Jeffrey Reynolds-Chair-Excused Greg Neiman
PJ Fleenor Steve Wade-Excused

Teresa Ashcraft
Tom Olander
Kathy Eubank
Mel Losick

Dreama Chandler
Diane Hutchison

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
I. Welcome	The meeting was called to order at 10:37am	
II. Approval of Agenda	The Committee reviewed the Agenda	Approved by General Consent
III. Introductions	Introductions were not necessary	
IV. Approval of Minutes from the Previous meeting	The Committee reviewed the minutes from the June 24, 2008 meeting and the July 16, 2008 work session.	Approved with changes by General Consent.
V. Review/Edit/Finalize Practical Exam Manual	The Committee reviewed and made edits to the Practical Exam Manual	
VI. Other Items	The Committee discussed what still needs to be done to complete this project.	
VII. Assignments for the Next Meeting	Greg will complete the Introduction section. Greg will send out the completed manual to review. The committee will insert comments in the sections related to issues for training Evaluators to the new practical. Greg will send the Scenario Template for revision.	
VIII. Set next meeting date	Monday October 6th, 2008 10:00am-2:00pm at Technology Park	
IX. Adjourn	The meeting adjourned at 2:50 p.m.	

ATTACHMENT: B to the October 15, 2008 Minutes of the BLS Certification Test Committee

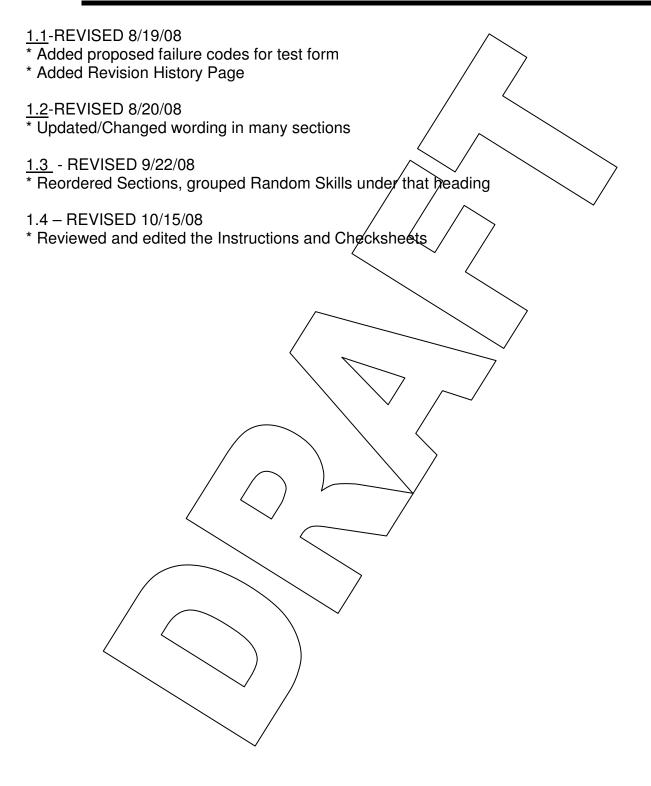
Virginia BLS Practical Exam Manual



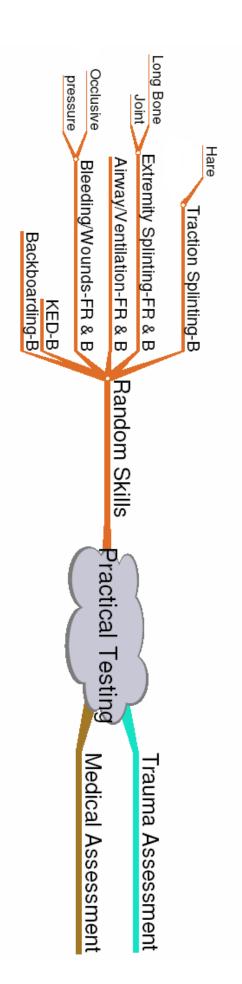
Practical Examination Users Guide

Version 1.4 10/15/08

REVISION HISTORY



BLS CERTIFICATION TEST COMMITTEE PROPOSED PRACTICAL TEST STATIONS Implementation no later than July 1, 2010





INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER PATIENT ASSESSMENT / MANAGEMENT MEDICAL

This station is designed to test the candidate's ability to use appropriate questioning techniques to assess a patient with a chief complaint of a medical nature and to physically accomplish, through a hands-on assessment, all steps listed on the evaluation document. This is a scenario based station and will require extensive dialogue between the examiner and the candidate. A simulated medical patient will answer the questions asked by the candidate based on the scenario being utilized. The candidate will be required to *physically* accomplish all assessment steps listed on the skill sheet. Any information pertaining to sight, sound, touch, or smell that cannot be determined but would be evident immediately in a real patient encounter, will be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient.

The skill station will provide enough information to enable the candidate to form a general impression of the patient's condition. Additionally, the patient in the scenario will be awake and able to talk. The medical condition of the patient will vary depending upon the scenario utilized in the station.

This skill station requires the presence of an appropriately moulaged medical patient. Neither you, nor the patient, will alter the patient information provided in the scenario. Patient information will only be provided after the candidate actually performs the steps necessary to gain such information. In order to verify that the patient is familiar with his/her role during the examination, you will ensure he/she reads the "Instructions to the Medical Patient" provided. You will also role play the selected scenario with him/her prior to the first candidate entering the skill station.

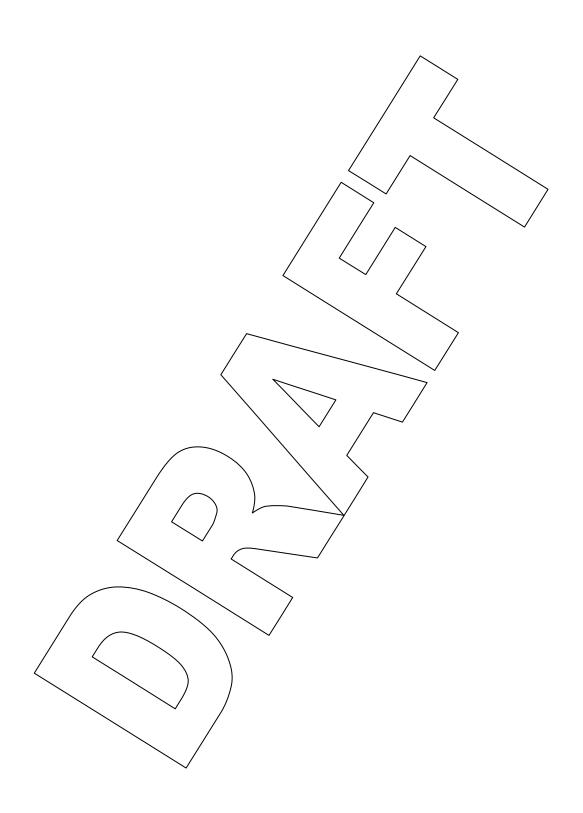
The scene size-up will be accomplished once the candidate enters the testing station. Brief questions such as "Is the scene safe?" may be asked by the candidate. When the candidate attempts to determine the nature of the illness, your response will depend on the scenario utilized.

For the purpose of this station, there will be only one patient and cervical spine stabilization is not indicated. The point for "Interventions" will be awarded based on the candidate's ability to verbally provide appropriate treatment for the medical emergency described in the scenario. For example, if the patient is complaining of breathing difficulty, the point for interventions will be awarded if the candidate verbalizes administration of exygen to the patient.

Each candidate is required to complete a full hands-on patient assessment. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the history and physical examination and reassessment enroute to the hospital.

NSTRUCTIONS TO THE CANDIDATE PATIENT ASSESSMENT / MANAGEMENT MEDICAL

This station is designed to test your ability to perform a hands-on assessment of a patient with a chief complaint of a medical nature and verbally treat all conditions discovered. You must conduct your assessment as you would in the field, including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you must state and demonstrate everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You must physically take the first set of vital signs but may verbalize any reassessment of vital signs. You may assume that you have EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) minutes to complete this skill station. Do you have any questions?

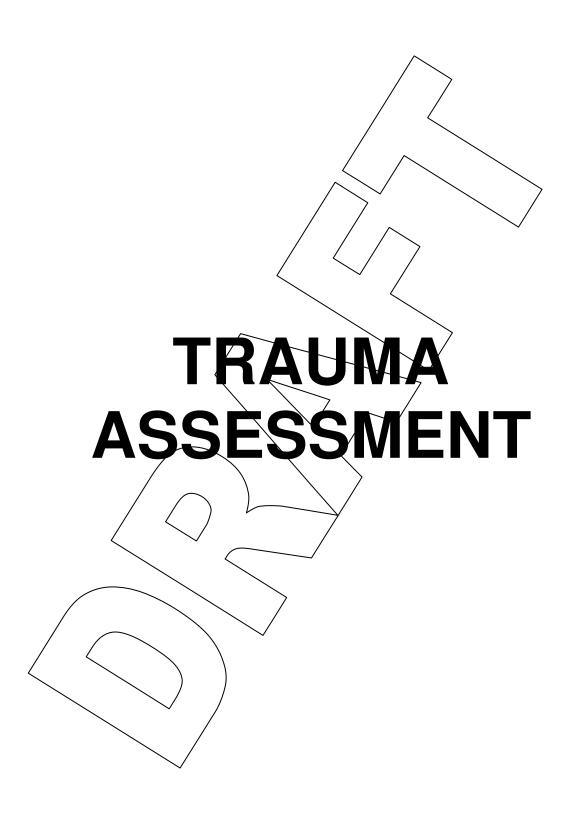




Patient Assessment/Management – Medical

Candidate #:	

Candidate's Name:	nd Time:	
Evaluator's Name:	tart Time:	
	otal Time:	
	Points Possib le	
Takes or verbalizes body substance isolation precautions	1	1
SCENE SIZE-UP		
Determines the scene is safe) 1	
Determines the nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Rules out stabilization of spine / / / /	1	
INITIAL ASSESSMENT	<u> </u>	
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life threats	1	
Assessment	1	
Assess airway and breathing Initiates appropriate oxygen therapy	1	
Assures adequate ventilation		_
Assesses/controls major bleeding	1	
Assess circulation Assesses pulse	tion) 1	
Assesses skip (either color temperature, or conditional dentifies priority patients/makes transport decision	1	_
HISTORY AND PHYSICAL EXAMINATION/MEDICAL ASSESSMENT		
Signs and symptoms (Assess history of present illness/ORQRST)	1	
Allergies	1	-
Medications	1	
Past pertinent history	1	
Last oral intake	1	-
Event(s) leading to present liness	1	
Performs focused physical examination	1	
Vitals (obtains baseline vital signs)	1	
Interventions (obtains medical direction for medication interventions and verbalizes proper additional	al .	
intervention/treatment)	⁴ ′ 1	
Transport (re-evaluates the transport desision)	1	
Verbalizes the consideration for completing a detailed physical examination	1	
ONGOING ASSESSMENT (verbalized)		
Repeats initial assessment	1	
Repeats vital signs	1	
Repeats assessment regarding patient complaint or injuries	1	
	TOTAL: 30	
Critical Criteria /		
121- Did not determine scene safety		
122- Did not accurately assess B/P, Pulse, Respiratory, Lung Sounds, and Pupils		
123- Did not provide high concentration of oxygen	(1-	- \
124- Did not find, or manage, problems associated with airway, breathing, circulation or shock		n)
125- Did other detailed physical examination before assessing the airway, breathing and circu	liation	
126- Did not transport patient within 10-minute time limit		
127- Did not provide appropriate intervention/safe medication administration 128- Did not obtain 24 or more points		
ובס- טוע ווען טעומווז ב4 עד ווועדע איוווע		



Instructions to the Practical Skills Examiner Patient Assessment/Management Trauma

This station is designed to test the candidate's ability to assess a patient with multisystem trauma and to physically accomplish, through a hands-on assessment, all steps listed on the evaluation document. This is a scenario-based station and will require extensive dialogue between the examiner and the candidate. A simulated trauma patient may answer the questions asked by the candidate based on the scenario being utilized. The candidate will be required to *physically* accomplish all assessment steps listed on the skill sheet. Any information pertaining to sight, sound, touch, or smell that cannot be determined but would be evident immediately in a real patient encounter, will be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient.

The skill station will provide enough information to enable the candidate to form a general impression of the patient's condition. The injuries of the patient will vary depending upon the scenario utilized in the station.

This skill station requires the presence of an appropriately moulaged trauma patient. Neither you, nor the patient, will alter the patient information provided in the scenario. Patient information will only be provided after the candidate actually performs the steps necessary to gain such information. In order to verify that the patient is familiar with his/her role during the examination, you will ensure he/she reads the "Instructions to the Trauma Patient" provided. You will also role play the selected scenario with him/her prior to the first candidate entering the skill station.

The scene size-up will be accomplished once the candidate enters the testing station. Brief questions such as "Is the scene safe?" may be asked by the candidate. When the candidate attempts to determine the mechanism of injury, your response will depend on the scenario utilized.

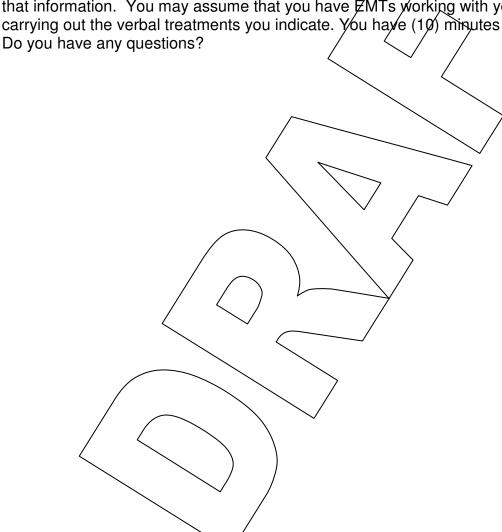
For the purpose of this station, there will be only one patient. The points for "Interventions" will be awarded based on the candidate's ability to verbally provide appropriate treatment for the trauma emergency described in the scenario. For example, if the patient is complaining of breathing difficulty, the point for interventions will be awarded if the candidate verbalizes administration of oxygen to the patient.

Each candidate is required to complete a full hands-on patient assessment. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the history and physical examination and reassessment enroute to the hospital.

The candidate may direct one of their imaginary EMT assistants to obtain patient vital signs. The examiner must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The examiner must give vital signs as indicated on the scenario furnished by the state site examiner.

INSTRUCTIONS TO THE CANDIDATE PATIENT ASSESSMENT/MANAGEMENT TRAUMA

This station is designed to test your ability to perform a hands-on assessment of a patient with multi-system trauma and verbally treat all conditions discovered. You must conduct your assessment as you would in the field, including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you must state and demonstrate everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) minutes to complete this skill station.

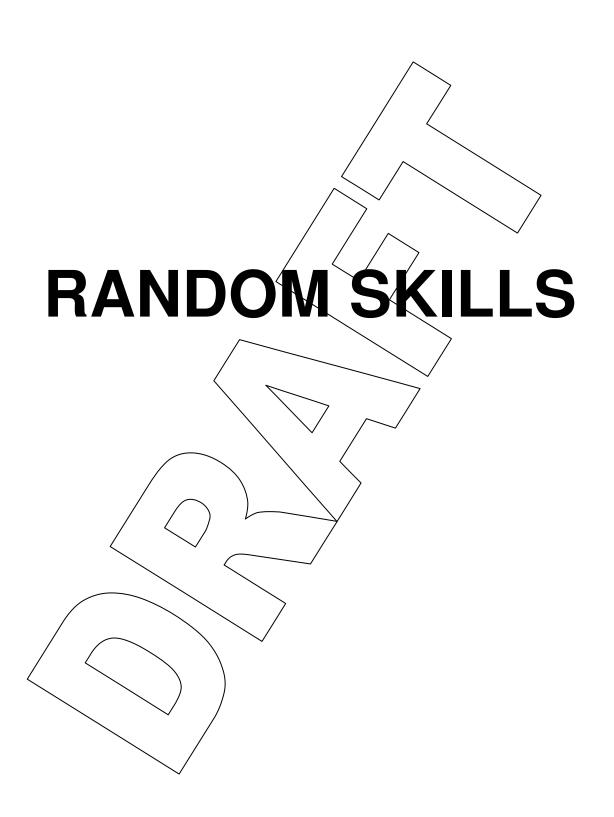


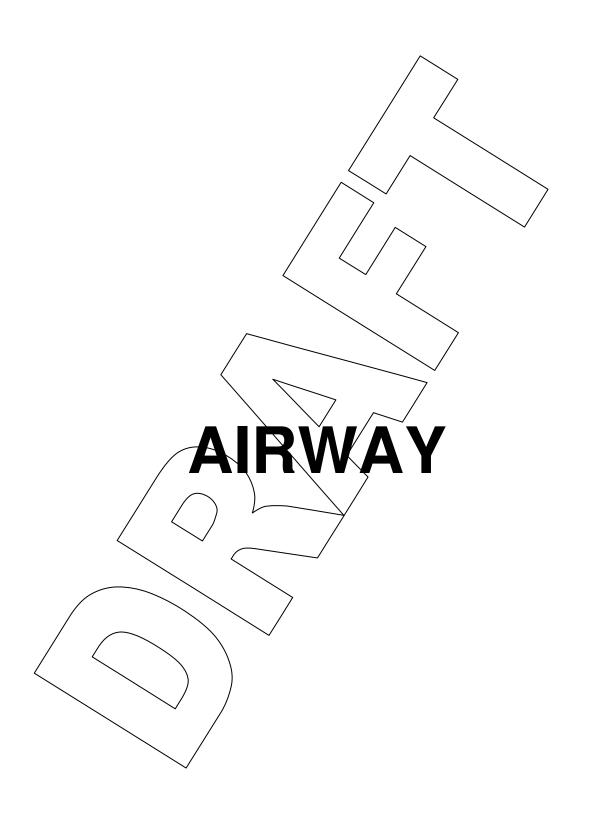


Patient Assessment/Management – Trauma

Candidate #:

Date:/ Test Site Location:	······································		
Candidate's Name:	End Tim	ie:	
Evaluator's Name:	Start Tir	ne:	
	/ Total Tir	ne:	· · · · · · · · · · · · · · · · · · ·
		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
INITIAL ASSESSMENT		1 .	1
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
	Assessment	1	
Assess airway and breathing	Initiates appropriate oxygen therapy	1	
,	Assures adequate ventilation	1 1	
	Injury management Assesses/controls major bleeding	1	
Assess circulation	Assesses pulse	1 1	
Assess circulation	Assesses skin (either color, temperature or condition)	i	
Identifies priority patients/makes transport decision	Passesses skill (ettilet color, temperature of condition)	1	
HISTORY AND PHYSICAL EXAMINATION/TRAUMA ASS	EFSSMENT	<u> </u>	
Selects appropriate assessment	NECOMETY /	1	
Obtains baseline vital signs		i	
Obtains S.A.M.P.L.E. history		i	
PHYSICAL EXAMINATION		-	I
	Inspects and palpates the scalp and ears	1	
Assess the head	Assesses the eyes	1	
	Assesses the facial areas including oral and nasal areas	1	
	Inspects and palpates the neck	1	
Assess the neck	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
	Inspects /	1	
Assess the chest	Palpates /	1	
	Auscultates	1	
Access the above description of	Assesses the abdomen	1	
Assess the abdomen/pelvis	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assess the extremities	1 point for each extremity Includes inspection, palpation and assessment of motor	4	
7.00000 the extremities	sensory and circulatory function	"	
	Assesses thorax	1	
Assess the posterior	Assesses lumbar	i	
Manages secondary injuries and wounds appropriately	7.000000 14.11.04.1	1	
Verbalizes reassessment of the vital signs		1	
	TOTAL:	40	
	. •		
Critical Criteria			
131- Did not determine scene safety			
132- Did not assess for spinal protection			
133- Did not provide for spinal protection when indicat	hed		
134- Did not provide high concentration of oxygen			
	th airway, breathing, hemorrhage or shock (hypoperfusion)		
136- Did not differentiate patient's need for transportation			
137- Did other detailed physical examination before as			
138- Did not transport patient within 10-minute time lin	nit		
139- Did not obtain 32 or more points			





INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER AIRWAY, OXYGEN & VENTILATION SKILLS

This station is designed to test the candidate's ability to properly measure and insert an oropharyngeal airway, a nasopharyngeal airway, properly suction a patient's airway and ventilate a patient using a BVM.

The equipment needed at this station includes various sizes of oropharyngeal and nasopharyngeal airways and a suction device (electric or battery operated device) and a hard-tip suction catheter with a thumb-port. Additionally, this station requires an airway mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway and allow demonstration of proper ventilation using a complete BVM (oxygen tubing, reservoir, mask etc.). The patient may be an intubation head; however, it should be life size and have anatomically correct airway structures.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from textbook to textbook. Since concern for spinal immobilization is not required at this station, the ultimate criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not displaced posteriorly. The candidate will measure from the corner of the patient's lips to the bottom of the earlobe or angle of jaw, open the patient's mouth and insert the airway.

To determine proper suctioning technique, the candidate will insert the hard-tip catheter into the oral cavity without suction. The candidate will apply suction by occluding the thumb-port on the hard-tip catheter. If the candidate does not properly occlude the thumb-port, the evaluator must advise, "You do not see any return of secretions." The candidate must take corrective action, and if the problem is not identified, then the appropriate critical criteria must be checked. The candidate will suction for no more than 15 seconds at a time.

To determine proper nasopharyngeal placement, the candidate will select the proper length by measuring from the tip of the nose to the bottom of the earlobe. The candidate will lubricate the airway and insert it posteriorly. The bevel should be toward the base of the nose or toward the septum.

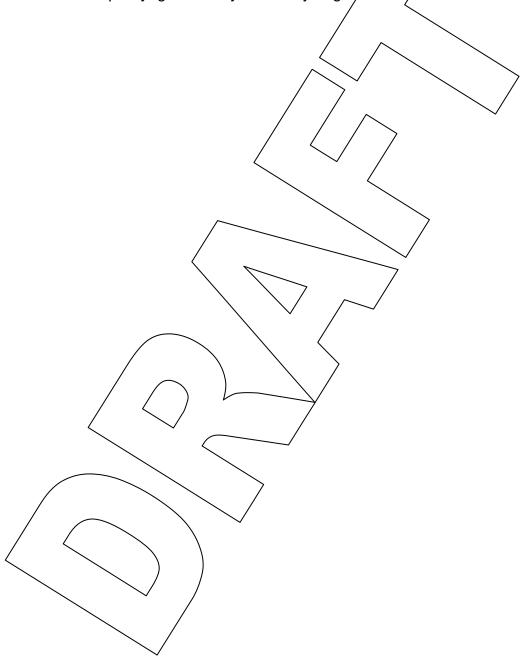
To evaluate the candidate's proper use of the BVM, the candidate will select correct mask size, place it on the patient and obtain a proper seal. The candidate will ventilate at rate consistent with the current AHA guidelines for adult ventilation on room air. The candidate will then connect the BVM to the oxygen regulator and set the flow-rate to 15 lpm ox greater. The examiner will indicate the arrival of a second EMT. The candidate will reopen the airway and create a proper mask-to-face seal. The candidate will instruct the assistant to ventilate at rate consistent with the current AHA guidelines for adult ventilation. If the candidate elects to ventilate initially with the BVM attached to oxygen, full credit must be awarded for those steps as long as the first ventilation is delivered within 30 seconds of being informed that the patient has become apneic.

In summary, once the candidate has the oropharyngeal airway in place, you will advise the candidate that the patient is gagging. If the candidate fails to immediately remove the oropharyngeal airway, place a zero in the "points awarded" column. Once the candidate has finished the procedure for oropharyngeal airway insertion and removal, you will direct him/her to demonstrate the proper procedure for suctioning a patient's upper airway. You will then instruct the candidate to insert a nasopharyngeal airway into the patient. After that is completed, instruct the candidate to correctly demonstrate proper use of the BVM for 30 seconds, then connect the BVM to the oxygen regulator. A second EMT will then enter and the candidate must instruct them to ventilate at the appropriate rate while the candidate maintains an effective mask seal.

INSTRUCTIONS TO THE CANDIDATE **AIRWAY, OXYGEN & VENTILATION SKILLS**

This station is designed to test your ability to properly measure, insert and remove an oropharyngeal airway, insert a nasopharyngeal airway, suction a patient's upper airway and demonstrate correct use of a BVM. You may use any equipment supplied for this station. You have five (5) minutes to complete this station. Do you have any questions?

You have arrived on scene with an unresponsive patient with an unprotected airway. You have been instructed to insert an oropharyngeal airway. You may begin





Airway, Oxygen & Ventilation Skills

Candidate #:

Date:// Test Site Location.		 -
Candidate's Name: End Time:		
Evaluator's Name: Start Time:	.	
	:	
** If the candidate elects to ventilate initially with the BVM attached to oxygen, full credit must be awarded for those steps as long as the first		Deinte
ventilation is delivered within 30 seconds of being informed that the patient has become appeic.	Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Selects an oropharyngeal airway	1	
Measures airway	1	
Inserts airway without displacing the tongue posteriorly /	1	
Note: The examiner must advise the candidate that the patient is gagging		l
Removes the oropharyngeal airway	1	
Note: The examiner must advise the candidate to suction the patient's airway		l
Turns on/prepares suction device	1	
Assures presence of mechanical suction (may verbalize)	1	
Inserts the suction tip without occluding thumb-hole Applies suction to the oropharynx (no more than 15 seconds)	1	
Note: The examiner must advise the candidate to insert a nasopharyngeal airway		
Selects a nasopharyngeal airway	1	
Measures airway	1	
Lubricates the nasal airway	1	
Fully inserts the airway with the bevel facing towards the septum	1	
Note: The examiner must advise the candidate the patient has become apneic	-	
Opens the airway	1	
Selects appropriate sized mask	1	
Creates a proper mask-to-face seal	1	
Ventilates patient at 10-12 times per minute and adequate volume	4	
(The examiner must witness for at least 30 seconds)	<u> </u>	
**Connects the BVM reservoir to oxygen regulator	1	
**Adjusts regulator liter flow to 15 liters/minute or greater	1	
Note: The examiner indicates arrival of second EMT. The second EMT is instructed to vent	ilate the pati	ient
while the candidate controls the mask and airway		l
Reopens the airway	1	
Creates a proper mask-to-face seal		
Instructs assistant to resume ventilation at 10-12 times per minute and adequate volume (The examiner must witness for at least 30 seconds)	1	
The examiner musicinitiess to hat least 50 seconds)		
тот	AL: 22	
Critical Criteria 141- Did not obtain a patent airway with the oropharyngeal airway		
142- Did not obtain a patent allway with the dropharyngeal allway		
143- Did not demonstrate an acceptable suction technique		
144- Inserted any adjunct in a manner dangerous to the patient		
145- Did not initiate ventilations within 30 seconds of the patient becoming apneic		
146- Interrupted ventilations for more than 30 seconds		
147- Did not provide high concentration of oxygen 148- Did not provide, or direct assistant to provide, proper rate and adequate volume per breath		
149- Did not receive at least 18 points		



INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test the candidate's ability to properly treat a wound with significant hemorrhage and subsequent hypoperfusion. This station will require some dialogue between you and the candidate.

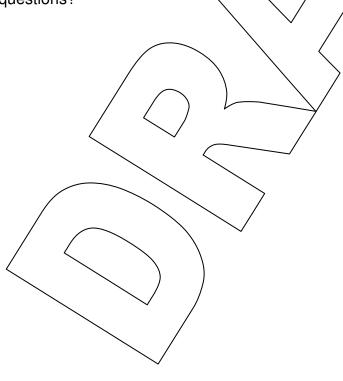
If the candidate chooses the Bleeding Control/Shock Management card, you should verbalize to the candidate where the wound is located (based upon the selection made by the Examiner at the test site.) You will prompt the actions of the candidate at predetermined intervals as indicated on the skill sheet. The candidate will be required to provide the appropriate intervention at each interval when the patient's condition changes.

Once the bleeding is controlled, you will indicate to the candidate that "The patient is now showing signs and symptoms indicative of hypoperfusion."

This skill station requires the presence of a live patient.

INSTRUCTIONS TO THE CANDIDATE BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test your ability to control hemorrhage and hypoperfusion. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the equipment supplied for this station. You have ten (10) minutes to complete this skill station. Do you have any questions?





Bleeding Control/Shock Management

Candidate #:

Date:/ Test Site Location:		
Candidate's Name:	d Time:	
Evaluator's Name: Sta	art Time:	
То	tal Time:	
	Point Possil	
Takes, or verbalizes, body substance isolation precautions	, 1	
Applies direct pressure to wound	1	
Elevates the wound, if located on an extremity (otherwise award point)	1	
Note: The examiner must now inform the candidate the wound continues to be		
Applies appropriate dressing to wound	1	
Locates and applies pressure to appropriate arterial pressure point, if	1	
wound is located on an extremity (otherwise award point)		
Note: The examiner must inform the candidate if the bleeding is controlled bacandidate's actions	ised on t	he
Bandages the wound appropriately to maintain bleeding sontrol	1	
Note: The examiner must inform the candidate, "The patient is now showing symptoms indicative of hypoperfusion."	signs and	d
Properly positions the patient with body supine and feet elevated	1	
Applies high concentration exygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation of the patient	1	
ТОТА	AL: 10)
Critical Criteria		
151- Did not control hemorrhage.		
152- Did not apply an appropriate dressing based on the nature of	f the woi	und.
153 Applied a tourniquet before attempting other methods of blee	ding co	ntrol.
154- Did not apply high concentration of oxygen.		
155- Did not indicate a need for immediate transportation.		
156- Did not receive 8 or more points.		
\ /		



INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER IMMOBILIZATION SKILLS – LONG BONE & JOINT INJURY

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize long bone and joint musculoskeletal injuries. Each candidate will be required to do *one* of the following:

1. Splint a long bone injury using a rigid splint and/or swing and swathe.

2. Splint a joint injury using a rigid splint, pillow and/or swing and swathe.

Which injury the candidate will be presented with will depend on the scenario chosen for the test.

IMMOBILIZATION SKILL - LONG BONE

The candidate is tested on his/her ability to properly immobilize a swollen, deformed extremity using a rigid splint. The candidate will be advised that a scene size-up and initial assessment have been completed on the victim and that during the assessment a deformity of a long bone was detected. The victim will present with a non-angulated, closed, long bone injury of the upper or lower extremity specifically an injury of the radius, ulna, humerus, tibia, or fibula.

The candidate will then be required to treat the specific, isolated extremity injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to assess motor, sensory and circulatory function in the injured extremity prior to and after splinting.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is the hand secured with the palm flattened and the fingers extended. A sling and swathe is required to secure entire injured extremity.

When splinting the lower extremity, the candidate is required to immobilize the foot in a neutral position. The use of long boards and cravats or a Velcro splint is required to secure entire injured extremity.

IMMOBILIZATION SKILLS - JOINT INJURY

The candidate is tested on his/her ability to properly immobilize a joint injury. The candidate will be advised that a scene size-up and initial assessment have been completed and that during the assessment a joint injury is detected. The victim will present with <u>one</u> of the following: a shoulder, elbow, knee or ankle injury. For the purpose of this station, the injury should be presented in a way that can be readily splinted.

The candidate will be required to treat/only the specific joint injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to and after splinting.

INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS - LONG BONE

This station is designed to test your ability to properly immobilize a closed, non-angulated long borning injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the assessment a closed, non-angulated injury of the (radius, ulna, humerus, tibia, fibula) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may us any equipment supplied for this station. You have (10) ten minutes to complete this skill station. Do you have any questions?	e se
INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS - JOINT INJURY	
This station is designed to test your ability to properly immobilize a non-complicated joint injury. You are required to treat only the specific, isolated injury to the joint. The scene size-up and initial assessment have been completed and during the assessment a (shoulder, elbow knee, ankle) injury was detected. Ongoing assessment of the patient's airway, breathing, and cent circulation is not necessary. You may use any equipment supplied for this station. You have (10) to minutes to complete this skill station. Do you have any questions?	, tra



Immobilization Skills – Long Bone Injury or Joint

Candidate #:	
	l

Date://		
Candidate's Name: End Time	e:	
Evaluator's Name: Start Tim	ie:	
Total Tin	ıe:	
Immobilization Skills – Long Bone Injury	Points	Points
Takes, or verbalizes, body substance isolation precautions	Possible 1	Awarded
Directs application of manual stabilization of the injury	1	
Assess motor, sensory and circulatory function in the injured extremity	1	
Note: The examiner acknowledges "motor , sensory and circulatory function are present	and nor	mal"
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function (if applicable, otherwise award point)	1	
Reassess motor, sensory and circulatory function in the injured extremity	1	
Note: The examiner acknowledges "motor, sensory and circulatory function are present	and nor	mal"
TOTAL:	10	
Critical Criteria		
161- Grossly moves the injured extremity		
162- Did not immobilize the joint above and the joint below the injury site		
163- Did not reassess motor, sensory and circulatory function in the injured extremity before and aft	er splintin	ıg
164- Did not obtain 8 or more points		
Immobilization Skills – Joint Injury		
	Points	Points
Takes, or verbalizes, body substance isolation precautions	Possible 1	Awarded
Directs application of manual stabilization of the injury	1	
Assess motor, sensory and circulatory function in the injured extremity	1	
Note: The examiner acknowledges "motor, sensory and circulatory function are present	and nor	mal"
Selects proper splinting material	1	777027
Immobilizes the site of the injury	1	
Immobilizes the bone above the injured joint	1	
Immobilizes the bone below the injured joint	1	
Reassess motor, sensory and circulatory function in the injured extremity	-1	
Note: The examiner acknowledges "motor, sensory and circulatory function are present		
_ /	and nor	mal"
TOTAL		mal"
TOTAL:	and nor	mal"
TOTAL: Critical Criteria		mal"
Critical Criteria 165- Did not support the joint so that the joint did not bear distal weight		mal"
Critical Criteria 165- Did not support the joint so that the joint did not bear distal weight 166- Did not immobilize the bone above and the bone below the injured joint	8	
Critical Criteria 165- Did not support the joint so that the joint did not bear distal weight	8	



IMMOBILIZATION SKILLS - TRACTION SPLINT

The candidate is tested on his/her ability to properly immobilize a mid-shaft femur injury using a traction splint. The candidate will be advised that the assessment has been completed and a mid-shaft femur injury was detected. The victim will present with a closed, non-angulated, mid-shaft femur injury. The victim will be supine with both legs fully extended. The femur deformity is an isolated, closed injury with no complicating factors that would concern or distract the candidate.

The candidate is required to treat only the specific, isolated ferrur injury. Continued assessments of the patient's airway breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to and after completing the splinting process.

A bipolar traction splint (Hare type), is utilized for this testing station. Please be sure the candidate is familiar with the traction splint, otherwise, a brief overview of the device will be given.

An issue encountered in using traction splints is when to apply manual traction. When using a traction splint, elevation of the injured leg is required, therefore manual in-line traction must be applied prior to elevating the leg for splint application. While using the traction splint, stabilize the injury site while the leg is on the ground, apply the ankle hitch and then apply manual traction before elevating the leg to apply the splint. An alternate method is to apply manual traction immediately upon detection of a midshaft femur injury before application of the ankle hitch. These variations in applying manual traction while using a traction splint are equally acceptable and points should be awarded accordingly.

This skill requires that an assistant EMT be present during testing. Candidates will be tested individually. All assisting EMT's will be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, points on the score sheet relating to that care will not be awarded. At no time will you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS - TRACTION SPLINTING

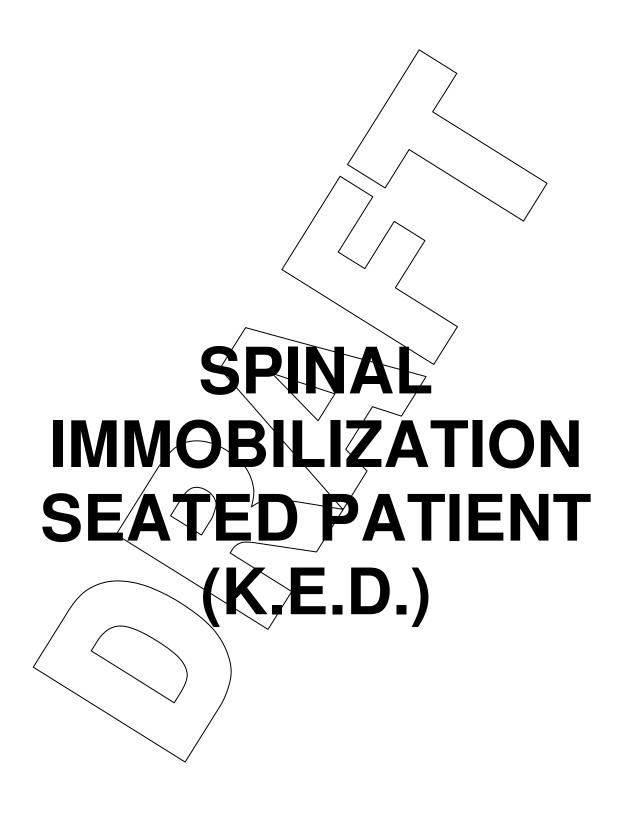
This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when you direct them to do so. The EMT assistant will perform correctly all instructions given by you, however, will not perform any procedure unless instructed to do so. You are required to treat only the specific, isolated injury to the femur. All assessments have been accomplished on the victim and a mid-shaft femur deformity was detected. Continued assessments of the patient's airway, breathing, and central circulation are not necessary. You may use any equipment supplied for this station. You have (10) ten minutes to complete this skill station. Do you have any questions?



Immobilization Skills – Traction Splint

Candidate #:	

Date:/		
Candidate's Name:	End Time:	
Evaluator's Name:	Start Time:	· · · · · · · · · · · · · · · · · · ·
/ / /	Fotal Time:	
	Points	Points
	Possible	Awarded
Takes, or verbalizes, body substance isolation/precautions	1	
Candidate takes manual stabilization of the injured leg	1	
Directs assessment of motor, sensory and circulatory/function of the	4	
injured extremity	l	
Note: The examiner acknowledges "motor, sensory and circulatory function a	are present	t and
normal"		
Directs application of the ankle hitch	1	
Directs the application of manual traction	1	
Candidate prepares/adjusts splint/to the proper length	1	
Candidate positions the splint next to the injured leg	1	
Candidate applies splint and ischial strap	1	
Candidate applies mechanical traction /	1	
Candidate secures the leg to the splint	1	
Candidate re-evaluates that ischial strap and ankle hitch are secure	1	
Candidate reassesses motor, sensory and circulatory function in the	_	
injured extremity / ()	1	
Note: The examiner acknowledges "motor, sensory and circulatory function a	are present	t and
normal"		
Note; The examiner must ask the candidate how he/she would prepare the pa	tient for	
Verbalizes see ving the tores to the length eard to immebilize the big	1	
Verbalizes securing the torso to the long board to immobilize the hip	<u> </u>	
Verbalizes securing the splint to the long board to prevent movement	1	
of the splint/		
TOTAL:	14	
Critical Criteria		
171- Loss of traction at any point after it was applied		
172- Did not assess motor, sensory and circulatory function in the injured extremity prior to a	nd after splint	ing
173- The foot was excessively rotated or extended after splint was applied 174- Did not secure the ischial strap before applying mechanical traction		
174- Did not secure the ischial strap before applying mechanical traction 175- Final immobilization failed to support the femur or prevent rotation of the injured leg		
176- Did not obtain 11 or more points		



INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER SPINAL IMMOBILIZATION – SEATED PATIENT (K.E.D.)

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a short spine immobilization (i.e K.E.D.-type) device. The candidate will be advised that the scene size-up, and assessments have been completed and no condition requiring further resuscitation or urgent transportation are present. The patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The patient will not present slumped forward as if he/she were slumped over the steering wheel. The position of the patient should be identical for all candidates.

The candidate will be required to treat the specific, isolated, problem of an unstable spine. Continued assessment of the patient's airway, breathing and central circulation are not required in this testing station. The candidate will be required to immediately take c-spine control and demonstrate proper inline stabilization. The candidate must then turn c-spine control over to their EMT assistant. The candidate will be required to apply a properly sized c-collar. The candidate will be required to check motor, sensory and circulatory function in each extremity prior to and after immobilization. Once the candidate has immobilized the seated victim to the half spine device, ask the candidate to explain all key steps he/she would complete while moving the patient to the long backboard. If the candidate does not check, motor, sensory or circulatory function in all extremities after verbalizing that the patient is moved to a long backboard, zero points should be awarded.

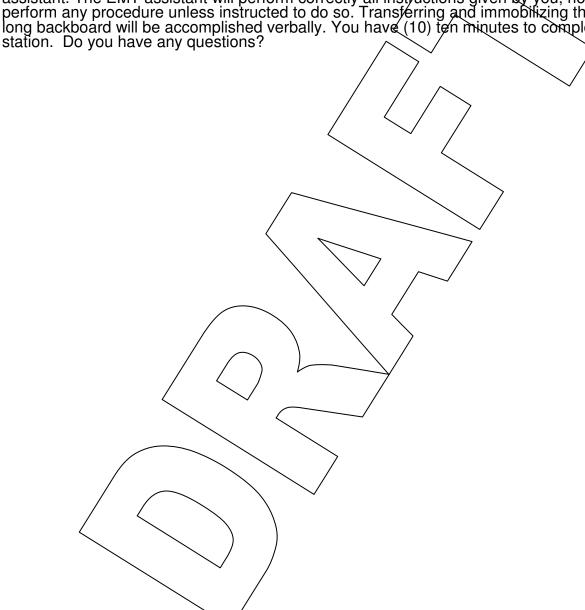
While the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient's head is secured to the short spine immobilization device only after the device has been secured to the torso and legs. This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date. Placement of an appropriately sized cervical collar is also required with the short spine immobilization device.

An EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example; if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the patient.

This skill station requires the presence of a patient. The patient will be briefed on his/her role in this station and act as a calm patient would if this were a real situation. You may use comments from the patient about spinal movement and overall care to assist you with the evaluation process after the candidate completes his/her performance and exits the testing station.

INSTRUCTIONS TO THE CANDIDATE SPINAL IMMOBILIZATION SKILLS – SEATED PATIENT

This station is designed to test your ability to provide spinal immobilization on a patient using a short spine immobilization device. You and an EMT assistant arrive on the scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You will be required to immediately take c-spine control and demonstrate proper in-line stabilization. You must then turn c-spine control over to your EMT assistant. You are responsible for the direction and subsequent actions of the EMT assistant. The EMT assistant will perform correctly all instructions given by you, however, will not perform any procedure unless instructed to do so. Transferring and immobilizing the patient to the long backboard will be accomplished verbally. You have (10) ten minutes to complete this skill station. Do you have any questions?





Spinal Immobilization – Seated Patient

Candidate #:	

Date:// Test Site Location:		
Candidate's Name: End Tin	ne:	
Evaluator's Name: Start Till	me:	
Total Ti	me:	
	Delinte	l Balanta
	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	<u> </u>
Candidate places/maintains head in the neutral in line position	1	<u> </u>
Turns c-spine over and directs assistant to maintain manual	1	
immobilization of the head	•	
Assesses motor, sensory, and circulatory function in each extremity	1	
Applies appropriately sized cervical collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso and legs	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Verbalizes moving and immobilizing the patient to a long board and		
reassessment of motor, sensory, and circulatory function in each extremity	1	
TOTAL:	12	
Critical Criteria		
181- Did not immediately take manual immobilization of the head		
182- Released or ordered release of, manual immobilization before head was secured to the device	;e	
183- Patient manipulated, or moved excessively, causing potential spinal compromise 184- Device moved excessively up, down, left or right on the patient's torso		
185- Head immobilization allows for excessive movement		
186- Torso fixation inhibits chest rise resulting in respiratory compromise		
187- Upon completion of immobilization, head is not in neutral position		
188- Did not assess and reassess motor, sensory, and circulatory function in each extremity.		
189- Immobilized head to the device before securing the torso		
190- Did not receive 10 or more points		



INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER SPINAL IMMOBILIZATION – SUPINE PATIENT (Backboarding)

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a long spine immobilization device. The candidate is tested on his/her ability to immediately protect and immobilize the patient's spine by using a rigid long spinal immobilization device. The candidate will be informed that a scene size-up, and assessment/have been completed and no condition requiring further resuscitation exists. The patient will present lying on his/her back, arms straight down at his/her side, with feet together. Candidates will not have to be concerned with distracters such as limb realignment, prone position, or other/positions not covered in the majority of EMT basic curricula. The position of the patient will be identical for all candidates.

The candidate will be required to treat the specific, isolated problem of an unstable spine. Assessment of airway, breathing, and circulation are not required at this testing station. The candidate will be required to immediately take c-spine control and demonstrate proper in-line stabilization. The candidate must then turn c-spine control over to their EMT assistant. The candidate will be required to check motor, sensory and circulatory function in each extremity at the prior to and following immobilization. If the candidate fails to check motor, sensory and circulatory function, a zero should be placed in the points awarded column for those items. The candidate will be required to correctly size and apply an appropriate c-collar.

The candidate must, with the help of an EMT assistant and the evaluator, move the patient from the ground onto a long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device, (i.e. log roll, straddle slide, direct patient lift). You should not advocate one method over any others. All methods should be considered acceptable as long as spinal integrity is not compromised. Regardless of the method used, the EMT assistant should control the head and cervical spine while the candidate and evaluator move the patient when directed by the candidate.

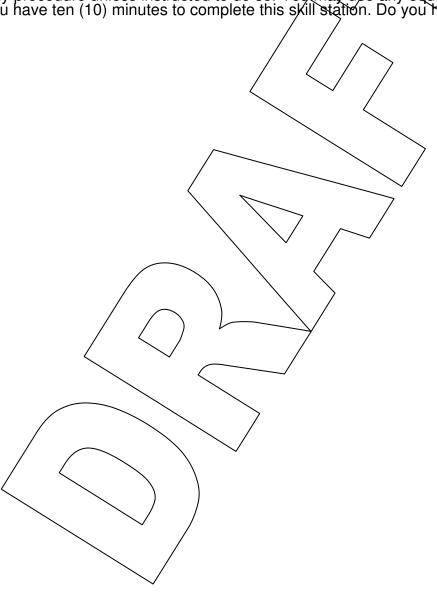
Immobilization of the lower spine/pelvis in line with the torso is required. Lateral movement of the legs will cause angulation of the lower spine and must be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine. The patient will be secured to the backboard with appropriate straps. At no time will the head be secured to the backboard prior to securing the torso and legs. The head must be secured to the board prior to directing release of manual stabilization

An EMT assistant will be present in the station to assist/the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate since the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately, inform the candidate that this action will not affect his/her evaluation. At no time will you allow the candidate or assistant EMT to perform a procedure which would actually injure the simulated patient.

This skill station requires the presence of a patient. The patient should be briefed on his/her role in this station and act as a calm patient would if this were a real situation. You may use comments from the patient about spinal movement and overall care to assist you with the evaluation process after the candidate completes their performance and exits the testing station.

INSTRUCTIONS TO THE CANDIDATE SPINAL IMMOBILIZATION – SUPINE PATIENT

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT' assistant. The assistant EMT has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. You must immediately take c-spine control and demonstrate proper in-line stabilization. You will then turn c-spine control over to your EMT assistant. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant EMT will control the head and cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for the direction and subsequent action of the EMT assistant. The EMT assistant will perform correctly all instructions given by you, however, will not perform any procedure unless instructed to do so. You may use any equipment supplied for this station. You have ten (10) minutes to complete this skill station. Do you have any questions?





Spinal Immobilization – Supine Patient

Candidate #:

Candidate's Name: End Tim	ne:	
Evaluator's Name: Start Tin	me:	
Total Ti	me:	
	Polista	Delete
	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Candidate places/maintains head in the neutral in line position	1	
Turns over c-spine and directs assistant to maintain manual stabilization of the head	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Applies an appropriately sized cervical collar	1	
Directs movement of the patient onto the board without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board as necessary	1	
Immobilizes the patient's torso to the long board	1	
Secures the patient's legs to the board	1	
Evaluates and pads behind the patient's head, as necessary	1	
Immobilizes the patient's head to the board	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
TOTAL:	12	
Critical Criteria 191- Did not immediately take manual immobilization of the head		
192- Released, or ordered release of, manual immobilization before head secured to backboard		
193- Patient manipulated, or moved excessively, causing potential spinal compromise		
194- Patient moves excessively up, down, left or right on the board after immobilization		
195- Head immobilization allows for excessive movement		
196- Torso fixation inhibits chest/rise resulting in respiratory compromise		
197- Upon completion of immobilization, head is not in neutral position	1. 11	
198- Did not assess motor, sensory, and circulatory function in each extremity before and after imr	nobilizatio	n to the
199- Immobilized head to the board before securing the torso and legs		
200- Did not receive 10 or more points		